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Community education matters: representations of female genital mutilation in Guineans immigrant women

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Abstract

Female Genital Mutilation is a cultural tradition, recognized as a violation of human rights and dignity of girls. Many countries develop educational programs that offer alternatives to the ritual. The research questions to which we are seeking answers are: what was the meaning of the practice to the populations? In the community educational programs, what does the alternative ritual consist of? The aims of the study were: to explore the experiences of Guineans immigrant women that lived in communities where the practice was performed, to describe how, where, and who was usually involved, to identify the effects of the mutilation, and to evaluate the effectiveness of the educational programs developed to eradicate the practice. A qualitative design was chosen. Data were collected by a semi-structure interview from eight immigrant women from Guinea Bissau living in the North of Portugal. Participants were never invited to answer if they had undergone the practice in the past. A religious leader was invited to mediate the relationship with them. Findings show that Type II is the most common form of mutilation. It was shaped by a complex interplay of cultural factors related to the initiation into womanhood, the status of woman and the need to be accepted by men. We did not find a direct relation between religion and mutilation. Educational programs offer an alternative to the ritual ("symbolic fanado"). The educational programs are in general inclusive and culturally-sensitive. They contribute to the reduction of the prevalence of female mutilation, involving the community and respecting the local culture. Instead of imposition, the programs develop a cultural action for freedom. As a result, in these programs emerges an alternative to the cutting, well accepted by the population.

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1. Introduction

Female Genital Mutilation (FGM) is a cultural tradition, recognized internationally as a violation of human rights and dignity of girls and women. FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons (WHO 1998, p 5). The expression "Female Genital Mutilation" was adopted in 1990 by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, and in 1991 the World Health Organization (WHO) recommended that the United Nations adopt it as well (UNICEF, 2013). It is estimated that between 100 and 130 million women in 30 countries have been victims of FGM and that 3 million children and adolescent females are victims of mutilation each year (WHO, 2010). There are real difficulties in obtaining data on prevalence in the European Union. Some studies reveal that girls are taken frequently to their countries of origin to be mutilated.

The UN, the WHO, and the UNICEF support dozens of governments to counteract the ancestral tradition of FGM. These institutions demonstrate through health and community education initiatives that it is not a question of a religious requirement, and that it can constitute a threat to public health. A comprehensive concept of community education, developed by AONTAS (National Association of Adult Education), defined community education as a process of empowerment, social justice, change, challenge, respect and collective consciousness (AONTAS, 2000). The campaigns focus on education, instead of activism, are culturally sensitive and are generally welcome by populations, resulting in local eradication of the different practices of mutilation.

Why it is so difficult to ban FGM as a cultural practice? Ending Female Genital Mutilation in countries in which over 80 percent of women of voting age have undergone the practice is unquestionably a difficult task. There are cognitive dimensions that definitely need to be considered. As state Giger & Davidhizar (2002: 187), (a) culture is a patterned behavioural response that develops over time as a result of imprinting the mind through social and religious structures; (b) culture is the result of acquired mechanisms that may have innate influences but are primarily affected by internal and external stimuli; (c) culture is shaped by values, beliefs, norms, and practices that are shared by members of the same cultural group; (d) culture guides the thinking, doing, and being and becomes patterned expressions of who we are. These patterned expressions are passed down from one generation to the next; (e) culture implies a dynamic, ever-changing, active, or passive process. Cultural values, as cognitions, guide actions and decision-making and facilitate self-worth and self-esteem. These are the reasons that health and social professionals, who work closely with people in the community to provide care, have to consider the development of specific competences to deal with the practice and its consequences - they must have a good understanding of the cultures they are dealing with (Giger & Davidhizar, 2002).

FGM is a practice with a high incidence in many countries of Central Africa, North Africa, Asia and the Middle East. However, the practice is deeply rooted in some immigrant communities in Europe. People undergo the mutilation as a consequence of their cultural and ethnic identity, instead the criminalization of the practice.

The WHO, in 1995, developed a tipology of FGM that was updated in 2008 (WHO, 2008). The classification identifies four types, but demonstrates ambiguities (WHO, 2014). The extent and anatomy of the cuts and the risk factors increase as we move from Type I to Type III: (1) Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy). (2) Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). (3) Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). (Type IV): All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.

In 2011, in the 'Joint Programme for the Acceleration of the Abandonment of FGM/C', UNFPA-UNICEF points to a very positive step in the process of eradicating FGM, referring not only incidence rates that are continuing to

drop but also substantial changes on a cultural level that facilitate fieldwork and government initiatives. These initiatives, that have been successful in dramatically raising the incidence of FGM, include subjects such as the harmful effects of FGM; health, hygiene, and women's sexuality; empowering grandmothers and other significant women to call for change, public declarations of abandonment, and religious leaders to advocate the absence of a relationship between the practice and religion. These programs, that are also community-level human rights education, empowering communities to stop the traditional practices and encourage them to find new rites of passage.

Guinea-Bissau is a small state with approximately 1600000 inhabitants. The country has more than 30 ethnic groups, each of them with different cultural traditions, religion and life-styles. The country is one of the poorest in West Africa. Since its independence from Portugal in 1974, the country has a long-standing history of political instability and a civil war, in which thousands were killed, wounded or displaced.. The war, poverty and political instability has increased the migration inside the country and immigration to Senegal and Portugal. NGO has have there an important role, cooperating with the government in education, health care and promoting the Human Rights.

In Guinea-Bissau, FGM is referred to as "fanado" or "fanado". It is performed as a traditional initiation ceremony for girls. According to the United Nations Office for the Coordination of Humanitarian Affairs (2006), many of the 30 ethnic groups in Guinea Bissau undergo the practice of fanado, especially in the regions of Gabu and Bafata (East of the country). These ethnic communities include the Fulani, Mandinka, Biafada, Saracole, Cassangas and Mansoncas. There are considerable differences between the forms of mutilation carried out by ethnic groups, ranging from excision of the clitoris to excision of the clitoris plus the labia minor and/or labia major. According to the same organization, people who inhabit the archipelago of Bijagós perform an initiation ritual that involves tattoos but no cutting. UNICEF estimates that 2000 girls are subjected to fanado annually and that between 250000 and 500000 women suffer from medical and psychological consequences of FGM. On the 6th of February 2013, Bissau celebrated the "International Day of Zero Tolerance to Female Genital Mutilation", by the adoption of a "fatwa" condemning FGM and agrees to the abandonment of harmful practices.

Although the problems between ethnic groups and the significant risks of militar instability, there were in the field some community educational programs that include social actors and are specially focused on the girls and their realities. The programs have a specific didactic method and include subjects such as the women and their body in transition to adulthood, human rights and human dignity, family structure and relationships, waiting for the first baby, parenthood (caring for the baby, the baby and the family), healthy lifestyles and hygiene at home.

The aims of the study were to explore the experiences of Guinea immigrant women in Portugal that lived in communities where FGM was performed, to describe how, where, and who was usually involved, to identify the potential health effects of the mutilation, and to evaluate the effectiveness of the educational programs that has been developed in the communities to eradicate the practice.

2. Methods, participants and data collection

This study is a part of a major research that starts in 2003. The research questions to which we are seeking answers are: what was the meaning of the practice to the populations? In the community educational programs, what does the alternative ritual consist of? To meet the objectives of the study, a qualitative design was chosen. A semi-structured interview was used to collect data. The study involved a three-level analysis: first-level (unidimensional description); second-level (multidimensional description, after thematic analysis to identify relevant themes) and third-level (explanation). The semi-structured interview was developed around five dimensions: representations about female mutilation; who performs the cutting; cultural rationale for the cutting; people involved in the practice, consequences of the cutting for the girl, and alternatives suggested by the educational programs. This approach was basically chosen to give priority to the meaning of the lived world and to perceive the reality under

study, which needs to be perceived in a complex and detailed level.

Data were collected from eight immigrant women from Guinea Bissau living in the North of Portugal. The immigrants, aged 33 to 66 years, lived in Porto but were from both rural and urban areas in their country. A religious leader was asked to support us in forging relationships with the participants. All participants provided their consent to take part of the study. We underline that they were never asked to answer questions related to their personal experiences of cutting or whether they have undergone it in the past. We found that it was difficult to encourage immigrants to talk about FGM, which justified the support of the religious leader. The interview guide was carefully evaluated before with him to avoid possible ethical problems.

3. Findings

FGM mobilizes a wide range of beliefs, practices, and cultural resources that transform it into one of the most important moments for the life of the group: 'The one who's going to fanado eats first, because the ceremony can last quite a while. Among the Mandinka, girls are 7 to 12 years old for their first fanado. Older girls care for and instruct the younger ones. There are always many rituals of transition into the adult stage of life. But among the Balanta there may be a second fanado at 30 or 40 years of age. WeOne should not talk about what happens there. For the girls, it is shameful to cry, and so they all sing together' (Participant 4); 'A few years ago, all the girls from Tabanca had the fanado. In Oio and Cacheu the fanado can last weeks or months. In more bountiful years the ceremony lasts longer; people eat and drink more. And older people have more time to teach the younger ones. Usually the fanado is done in July and September" (Participant 2).

The culture, subcultures, cultural patterns, beliefs, or traditions handed down from generation to generation clear influence the representations. It was evident in the participants' answers that the practices and the pattern they assume are dependent on the ethnic group of origin: "Guinea has many peoples, and every group has its practices. In Bafatá and Gabú, girls are generally put in a line with a cloth from head to toe. They go to the place where the fanado is done. There are women who guide the group. One of these women is the fanateca. The fanado is a party; the women dance and that's how the act begins. These women witness the fanado, but it is forbidden to talk about it. For teenage boys it is different. They go with their heads shaved, also in line, and after they are considered adults... leaving behind the parental home, and they can go hunting ["into the forest"]". (Participant 1); 'I hear people say that there are many ways to do the fanado. Among the Fulas there is a ceremony where girls between 7 and 12 years of age participate. The girls wear long, colourful scarves covering the whole body. The scarves are purchased by households. The girls go together, in a line, very quiet". (Participant 3); 'When they are young, the girls do not know what will happen; they are not prepared. After the fanado the women [mindjer] offer many gifts. As it is still a very common thing, people want the girls to do [the cutting], to be like the others. After the fanado the girls cannot go around without clothes; they are already women. During the ceremony they learn stories, songs, and advices. The traditions of Bijagós are not so bad; the girls sing, they put flour on their skin and often make tattoos" (Participant 6).

There are a number of dimensions that regulate the acceptance of the practice. Fist, the practice is an initiation rite - the mutilation marks the social identity of the girl: "When the girl does fanado she becomes a woman, the whole community sees her as a woman. If she is older she can already get married. She becomes more responsible" (Participant 4). Second, the practice is a factor of social integration - its denial implies exclusion from the group of friends, girls from the school, religious organizations and other social groups; the woman would be, under these conditions, socially prevented from marrying. "Women who don't do the fanado have problems with other people and with men. Women who did the fanado know more, they are "licks". The men who did not get circumcised are "blufo"" (Participant 2). The aspect of pain is also a factor that emerges from social maturity. By acquiring the status of social actor, the woman shows she has acquired mastery over her own body, overcoming the pain that results from the practice. Third, the practice is an act of virtue and purification - the woman is prepared to more easily defend her virginity until marriage and, in the family context, maintaining her loyalty to her husband; the practice would, in the view of the man, be a factor that prevents adultery and would translate into a lower demand for women in sexual terms: "People say that girls are more protected this way, and that many men give importance to it"

(Participant 1). Fourth, the practice is also an act of legitimating of the separation between the sexual dimension and the pleasure. The cultural contexts intend to emphasise women's reproductive function instead the pleasure. The sexual relationship between the couple has an utilitarian function, such as the procreation and male pleasure, with the female being relegated to a lower level or even deliberately forgotten: “Women who do not fanado have problems with other people and with men; they cannot have children” (Participant 2).

For the husband, who is responsible for “directing the family”, mutilation is a matter of honour. On the one hand, the man believes that to marry a woman in these circumstances will have ensured faithfulness to the marriage. “With the fanado they [women] do not want other men and will obey her husband. They learn to do housework and work in the fields and care for children. Suffering makes people more noble [Sufridur ta fidalgu padi]” (Participant 4). Moreover, it would also ensure daughters’ “virginity” and reduce the possibility of them engaging in premarital sex. For the parents, the practice can be a determining factor in their marriage.

A relevant factor in this practice is the influence of religion. It is not directly related to religion, but to traditions associated with religion. In this study, we conclude that the perpetuation of this practice can be due also to the need of the "consecrated" women obtain financial compensation: “The fanatecas have a lot of knowledge and prestige; their livelihood is assured due to the fact that they earn money when they do the fanado. But now they earn less, because there are already many people who do not want their daughters to do it. The authorities also say they should not do it” (Participant 2). In other way, the groups of friends that individuals belong to, or sociocultural experiences of parents, are determinants of the practice: “Many people know that the fanado is not good, but the family requires it. For many years women who didn't do the fanado couldn't go to funerals” (Participant 5).

Millions cases of excision are decided by social groups, even against parents' will. Many of these groups, external to the family, assume a position of moral authority. Accordingly, the social pressure may arise at different times (in the period before, during, or after the practice). “Many people I know do not agree with it and do not want their daughters to do the fanado, they want to prevent it [mpidi]. But often our families and neighbours put a lot of pressure on us, and we fear that girls are unwelcome at school and among their groups of friends” (Participant 6).

It may occur early in childhood or adolescence and adulthood. Women who have refused the practice or who have done a less invasive ritual, for example, may be forced to undergo excision prior to marriage, on the wedding night, or even at the moment of delivery: “In many villages, after the first fanado girls are taken to the "big fanado." They go to a secret place where they cannot be seen. All their clothes are removed and the ritual is done, and it has to be keep secret. The girls are well prepared to become women” (Participant 5).

The time factor is crucial to the understanding of this practice. For many families, FGM is performed when children enter the school. The phenomenon still contains a characteristic of continuity, it demonstrates thoughts and behaviours transmitted from generation to generation, as observed in the narratives of many women involved: “It is a very, very old tradition... to do the fanado for boys and fanado for girls. The people do not forget these traditions. For the Fulas fanado is a party; the women dance and that's how the act begins. People do what they saw their predecessors do” (Participant 1); “The fanado is a very important religious ceremony in Tabanca. Is a party for the whole community” (Participant 2).

This research reveals that, whatever the type of mutilation performed, participants identified some risks in common: “The girl can die with fever or bleeding. There are many girls who have had serious problems” (Participant 2); “The girl can bleed for a long time, have a lot of pain, burning ("iardi") and difficulty in walking (Participant 4).

Epidemiological studies emphasises that the risk of HIV or other infections (such Ebola or Hepatitis) is very high, especially in endemic areas. The use of unsterilized instruments during group ceremonies can be a source of viral spread among the victims of mutilation. One participant told: “Today we know that it is very dangerous.

Fanado is done often in the bush or in thatched huts ("paja") and the knives are well cleaned, causing diseases - bleeding, a lot of pain and genital infections. Sometimes, in the site where fanado is performed, there is a lot of blood" (Participant 6).

We could not find clear evidence about psychological consequences; however, some narratives show concerns at this level, which should to be explored further: "Many girls know what they are doing and are very afraid, but it's a shame to cry. Mothers have many concerns about the plight of the daughters" (Participant 6). The simple idea of an operation can constitute a destabilizing factor for women, invoking anxiety, fear, and terror (before and during the operation) and a sense of humiliation "Girls should not talk about what happens there. Also for the girls to cry is a shame, so they all sing together" (Participant 6).

In this study, we identified some less positive opinions about the traditional practice, and even opinions supporting its eradication, eventually as the result of the community educational programs: "Everyone knows that there are many problems, but they do not understand them. Some programs have now started to inform people better. Often, the problems are so serious, that they have to go to the doctor or the nurse" (Participant 5). But some participants expressed reluctance to talk about the consequences of FGM. However, some testimonies are really disturbing: "The fanado is a painful thing, and people can spare themselves, get sick [diensi] or die. They may have problems right after, or after a few days. But it is something that women have to go through" (Participant 1).

4. Discussion and conclusion

Research and clinical follow-up of children and women after the practice of FGM usually identify a set of physical consequences, both immediate and long term. Some clinicians emphasises that sexual function in women with FGM is adversely altered (Alsibiani & Rouzi, 2010). Variations on consequences of FGM can be found by type. The consequences increase with increasing severity of the procedure. In terms of immediate complications, the following are common: haemorrhage; post-operative shock; lesions to the peripheral tissues or organs (urethra, bladder, anal sphincter, etc.) due to the reaction of the child; tetanus due to the use of nonsterile objects (knives, razors, pieces of glass bottles, used blades, tin can lids); severe inflammatory processes; urinary retention and trauma to the urethra. Some of these consequences were implicit in the participants' answers, but only a thorough medical evaluation can assess these consequences carefully. The participants were aware of these symptoms, obviously in a less systematic way.

There are complications that may be experienced only in the medium or long term, such as chronic infection of the uterus and vagina (due to traumatic injury or inflammatory processes related to the presence of foreign bodies); painful scar tissue preventing walking; the appearance cysts; painful menstruation due to obstructive processes and scarring due to the second operation; severe pain during intercourse; anaemia; sterility due to infectious processes that affect the reproductive organs; difficulties during delivery in normal births (Johansen, 2006); gangrene can occur due to the use no sterile instruments and contamination with faecal products. In the most severe case of infibulation (Johansen, 2006), the difficulty of expelling urine or menstrual blood can be a source of urine backup, multiplication of bacteria, and growth of infection, leading to kidney impairment. Urinary incontinence is not a rare occurrence.

Many of the stories of women offer evidence of severe psychological disorders resulting from the practice, including post traumatic stress and psychosexual disorders (Berggren, Bergstrom & Edberg, 2006). Berg, Denison & Fretheim (2010) state that FGM can also lead to negative psychological consequences that includes post traumatic stress disorder, anxiety, depression, and psychosexual problems; women who have undergone FGM may be more likely than others to experience psychological disturbances (psychiatric diagnosis, suffer from anxiety, somatisation, phobia, low self-esteem and problems during sexual relationships with their partners. In all types of mutilation, even those that are less severe, nerve structures can be affected in ways that jeopardize sexual pleasure; the partial or total removal of the clitoris prevents pleasure by stimulation..

It is acknowledged that decades of work done by local communities, governments, and international organizations has been able to contribute to the reduction of the prevalence of female genital mutilation. Several communities began to abandon the practice, and many countries have adopted laws that forbid the mutilation and developed at the same time community educational programs to improve the cultural change (Banks et al, 2006). At the end of this study, it is clear that the programs remains very inclusive, creating meaningful learning experiences by providing girls with education about health, human rights, human dignity, gender equity, parenthood and family dynamics. The educational programs in the community need to be in general systemic and culturally-sensitive (UNICEF, 2013). The three most important aspects of these programs on the field are (i) involving the community, namely significant social actors; (ii) respect the local language and culture; (iii) instead of imposition, the programs develop a cultural action for freedom, in the sense of promotion of consciousness of body, health, social relationships and responsibilities in the society and family. As a result, in these programs builds up an alternative to the "fanado" (cutting). In fact, this alternative emerges and is accepted by the population. The so-called "symbolic fanado" fulfils the functions of a traditional rite without any kind of injury or trauma. How are developed these community educational programs? The programs don't integrate the public educational system. Anthropologists and local leaders work with ethnic groups within the community, which involves working with the girls but also a diverse group of people. Effective community programs are comprehensive with strong linkages to health care, local authorities, religious leaders and fanadeiras, addressing each of the essential components of the practice. The programs work on many levels simultaneously: individual levels, social network, religion and community levels.

Community educational programs address the needs and issues relevant to both people at risk and families, in which girls: (1) Were provided with basic information about female reproductive system; (2) Were informed about the risks of FGM and encouraged to adopt and maintain risk reduction behaviours; (3) Debate how to structure the family and to promote healthy life styles; (4) Got information on basic baby care and how ask the support of existing services; (5) Were informed about the care and social system; (6) Were encouraged to become member of support networks to help other girls at risk of mutilation; (7) Developed self-esteem and their social competences, through singing and dancing; (8) Worked with different community partners;

Through the participation in the program, girls felt they grow and are able to have their own family, which means that they and also the community leave the traditional fanado; To the community, obtain a "certification" of the program has the same meaning of the traditional fanado. In other words, the participation in the program meets the requirements of the rite of passage and is now considered a "symbolic fanado".

What emerges once again in this study is the general acceptance of alternative rituals that now exists, recognizing the severity of the traditional cutting. In June 2011, Guinea-Bissau approved a law to ban FGM in the country. In the meantime, several governmental and nongovernmental organizations (like the German Weltfriedensdienst) are on the ground to provide health education to demonstrate the danger of FGM, a fact that some of the respondents are aware of, referring to how people are starting to separate the practice of the religion and admit other forms of fanado: "But there are many people who no longer do this fanado and other type of fanado start to appear" (Participant 5).

All cultures have traditions and choices that can harm the health status, that sometimes are difficult to understand from outside (Wade, 2012). Because of how FGM is performed, the practice has dramatic consequences for both the child and the woman, mainly because a significant part of the countries with a high prevalence of FGM also have high rates of HIV infection.

Guinea Bissau is a country rich in ethnic and cultural diversity. The fanado is an important ritual for most ethnic groups. We conclude in this study that religion alone does not explain the perpetuation of this tradition. Among Christian and Muslim groups we found people who defended the practice and others who were against it. Anyway, the fanado is a ritual that marks the transition between childhood and adulthood.

The mutilated body is often used to redefine the girls' social identity and the relationships within the group of

belonging. They may accept the practice as something normal and desirable, given their conformity with social demands and with the division of sexual roles in the society in which they live; therefore, women who are not subject to this practice, in a society that requires it, will be more likely to have a negative representation of themselves and of their body. However, Droz (2000) noted that women were not only concerned with symbolic dimensions. For many groups, mutilation represents a victory against pain. Being subjected to this practice means they have acquired the capacity of mastery over the body, thus somehow constituting a response to male domination.

This study shows that mutilation is, to some women, a condition for purification and to live the experience of femininity, without which women are ostracized. Although this is a painful practice, women sometimes can accept it, because it has a decisive role in defining female identity and the process of social integration.

Sociological and anthropological studies of female genital mutilation, as Godelier (1996) notes, have shown that in societies where there is a dominance of men over women and where particular forms of ideological, social, and material violence of men over women are practiced, sexuality is called on to uphold a discourse that makes this rule appear to be perfectly legitimate in the eyes of the men who practice it and the women who suffer from it.

However, the emergence of an alternative ritual is welcome to balance the need to avoid an ancient practice and still observe a rite of passage with significance to the community. Although there has been a significant cultural change, the eradication is far to be a reality and, in societies where there are alternatives to the traditional cutting, these are not a given. There are quite a few reasons to be concerned about. The abandonment of FGM faces three major challenges. First is to consider medicalization as a harm-reduction strategy and support the notion that when the procedure is performed by a trained health professional, some of the immediate risks may be reduced (WHO, 2008). Second, alternative rituals have been found to be effective to the extent that they foster a process of eradication of the mutilation, but there are no evidences that they lead to social change, avoiding discrimination or ostracization of girls that choose not to be mutilated (Johansen et al, 2013, Chase, 2002). Third, there are demographic transitions over the world. Migrations, ethnic displacements, acculturation or religious revival movements can destroy the work that has been done on the field and led to the return of the practice

This research demonstrates that although results are being slowly achieved, they are beginning to be satisfactory, as they produce effects on both the sociocultural practices and the health status of the population.

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